

# CRESCENT ELEMENTARY ENROLLMENT

## 2020-2021

NAME LEGAL: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

GENDER: \_\_\_\_\_

BIRTHDATE & PLACE OF BIRTH: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

- *IF NATIVE AMERICAN PLEASE FILL OUT TITLE IX FORM*

IS A LANGUAGE OTHER THAN ENGLISH USED IN YOUR HOME? \_\_\_\_\_

- *IF YES PLEASE FILL OUT LANGUAGE FORM*

HOME ADDRESS: \_\_\_\_\_

MAILING IF DIFFERENT: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

- *THIS IS THE NUMBER THE AUTOMATED SYTEM WILL CALL FOR ANNOUNCEMENTS.*

EMAIL ADDRESS: \_\_\_\_\_

CURRENT MEDS: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

- *PLEASE PROVIDE PROPER MEDICATION/EPI PEN FOR STUDENT AND CARE PLAN FROM DOCTOR FOR MEDS AND ALLERGIES.*

SPECIAL NEEDS: \_\_\_\_\_

LEGAL ALERTS: \_\_\_\_\_

- *PLEASE PROVIDE PROPER DOCUMENTS FOR LEGAL ALERTS*

*PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION (PLEASE LIST IN ORDER OF CONTACT PREFERENCE)*

1. PARENT NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

2. PARENT NAME: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

3. EMERGENCY CONTACT: \_\_\_\_\_ NUMBER:  
\_\_\_\_\_

PREVIOUS SCHOOL INFORMATION:

**SCHOOL LAST ATTENDED:** \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

PHONE/FAX: \_\_\_\_\_

**WAS CHILD SUSPENDED OR EXPELLED? YES OR NO IF YES, PLEASE EXPLAIN:**

CLINIC CARD:

\_\_\_\_\_, THE PARENT WITH CUSTODY OR LEGAL  
GUARDIAN OF \_\_\_\_\_, WHO ATTENDS CRESCENT PUBLIC  
SCHOOLS. IF THIS CHILD IS INJURED OR BECOMES ILL AT SCHOOL, I HEREBY  
AUTHORIZE THE SCHOOL INSTRUCTOR, NURSE, SCHOOL TEACHER, OR PRINCIPAL TO  
ADMINISTER NON-PRESCRIPTION MEDICINE TO MY CHILD. THE ONLY  
NONPRESCRIPTION MEDICINE MAINTAINED IN THE SCHOOL OFFICE ARE  
ACETAMINOPHEN AND ANTACIDS.

PARENT SIGNATURE:

\_\_\_\_\_ DATE: \_\_\_\_\_

CORPORAL PUNISHMENT:

IT IS THE POLICY OF THE CRESCENT BOARD OF EDUCATION TO ADMINISTER  
CORPORAL PUNISHMENT ONLY AS A LAST RESORT AFTER OTHER REASONABLE  
CORRECTIVE MEASURES HAVE BEEN USED WITHOUT SUCCESS. CORPORAL  
PUNISHMENT MUST BE ADMINISTERED BY THE ADMINISTRATOR IN THE PRESENCE  
OF ANOTHER STAFF MEMBER. CORPORAL PUNISHMENT WILL BE CONSIDERED AS A  
FORM OF DISCIPLINE FOR YOUR CHILD UNLESS A PARENT REQUEST OF DENIAL IS ON  
FILE.

PARENT REQUEST OF DENIAL:

I DO NOT WANT CORPORAL PUNISHMENT ADMINISTERED TO MY CHILD.

\_\_\_\_\_

*PARENT REQUEST FOR PERMISSION TO ADMINISTER CORPORAL PUNISHMENT:*

I AGREE TO ALLOW MY CHILD TO RECEIVE CORPORAL PUNISHMENT IF NECESSARY.

\_\_\_\_\_

*(FOR THE TEACHER)*

STUDENT NAME: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL AND WORK NUMBERS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

PEOPLE WHO CAN PICK UP CHILD: \_\_\_\_\_

BUS NUMBER: \_\_\_\_\_

MAY WALK HOME? YES OR NO

ANYTHING TEACHER NEEDS TO KNOW ABOUT STUDENT:

*PERMISSION SLIP FOR HEARING AND VISION SCREENING:*

CRESCENT SCHOOLS HAS PERMISSION TO CHECK MY CHILD'S HEARING AND VISION DURING THE SCHOOL YEAR IF YOU SUSPECT THERE MAY BE A PROBLEM.

PARENT SIGNATURE \_\_\_\_\_  
DATE: \_\_\_\_\_

*THERE MAY BE TIMES OR EVENTS WHEN YOUR CHILD'S PICTURE AND/OR NAME MAY HAVE THE OPPORTUNITY TO BE USED ON THE INTERNET (CRESCENT SCHOOL WEB PAGE). WE ARE REQUIRED TO HAVE THE PARENT'S OR GUARDIAN'S PERMISSION BEFORE THEY CAN BE PLACED ON THE SCHOOL'S WEB PAGE. PLEASE SELECT YOUR CHOICE BELOW.*

\_\_\_\_\_ YES, MY CHILD'S PICTURE AND/OR NAME MAY BE PLACED ON THE SCHOOL WEB PAGE.

\_\_\_\_\_ NO, MY CHILD'S PICTURE AND /OR NAME MAY NOT BE PLACED ON THE SCHOOLS WEB PAGE.